

User Survey

Dishwashing Compounds Term Contract (T-0164)

YOUR INPUT IS MORE IMPORTANT THAN EVER BEFORE !!!

The Purchase bureau will soon rebid this contract. Please survey your end users and/maintenance personnel to complete this form. Your input will help the Purchase Bureau make the upcoming RFP structure more responsive to your needs.

Agency: _____

Address: _____

Contact Person: _____ Phone: _____

Fax: _____ E-mail: _____

Region: ☐ North ☐ Central ☐ South

1. CONTRACT VENDOR: _____

2. TYPE OF DETERGENT: **GRANULATED:** _____ **LIQUID** _____

3. HAS THE CONTRACTOR OR RESPONSE TO YOUR ORDERS BEEN GOOD?

YES _____ NO _____

4. IS THE CONTRACTOR PROVIDING GOOD SERVICE?

YES _____ NO _____

5. IS THE CONTRACTOR COMPLYING WITH THE SERVICE REQUIREMENTS OF THE CONTRACT; I.E., AT LEAST ONE SERVICE CALL AT A PERIOD OT TO EXCEED ONE MONTH AND EVERY FOUR (4) WEEKS DURING THE CONTRACT PERIOD FOR EACH AGENCY DISPENSER?

YES _____ NO _____

6. IS THE CONTRACTOR COMPLYING WITH THE EMERGENCY SERVICE REQUIREMENTS OF THE CONTRACT; I.E., WITHIN TWENTY-FOUR HOURS OF SUCH REQUEST?

YES _____ NO _____

7. ARE YOU SASTISFIED WITH THE QUALITY OF THE DETERGENTS?

YES _____ NO _____

8. ARE YOU SATISFIED WITH THE DISHWASHER OPERATION AND ADJUSTMENT BY DETERGENT CONTRACTOR?

YES _____ NO _____

9. PLEASE ADVISE HOW YOU FEEL YOU CAN BE MORE ADEQUATELY SERVED BY THIS CONTRACT. (USE ADDITIONAL SHHETS IF NECESSARY)

10. PLEASE ELABORATE ON ANY OF THE ABOVE AREAS OR ANY COMMENTS OR SUGGESTIONS. (USE ADDITIONAL SHEETS IF NECESSARY)

P.S.: IF COMPLETING HARD COPY/PAPER COPY FORM PLEASE FAX OR MAIL TO CHERYL A. CRIST AT 609-292-0490 or email to: cheryl.crist@treas.state.nj.us OR MAILING ADDRESS: PURCHASE BUREAU, P.O.BOX: 230 (33 W. STATE ST., 8TH FLOOR), TRENTON, NJ 08625-0230, NO LATER THAN AUGUST 28, 2003.